

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In re: Frost, Nicholas and Emily

Case No.

**STATEMENT UNDER PENALTY OF PERJURY RE:
PAYMENT ADVICE DUE PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)**

- ☐ Debtor 1 has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the petition from any employer.
- ☒ Debtor 1 has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Debtor 1 was not employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 1 was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed: _____
- ☒ Debtor 1 was self-employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 1 received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
- ☐ Other (please explain): _____

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of debtor 1

Date

Thursday, September 24, 2020



- *****
- ☒ Debtor 2 has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the petition from any employer.
- ☐ Debtor 2 has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Debtor 2 was not employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 2 was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed: _____
- ☐ Debtor 2 was self-employed during the 60 days preceding the filing of the petition;
- ☐ Debtor 2 received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
- ☐ Other (please explain): _____

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of debtor 2

Date

Thursday, September 24, 2020



Department G033500	Pay Period End Date 09/01/2020	Document Page 2 of 5	Paycheck Issue Date 09/11/2020
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Federal W4 Information				State W4 Information					
<u>Status</u>	<u>Allowances</u>	<u>Addl Percent</u>	<u>Addl Amount</u>	<u>State</u>	<u>Resident</u>	<u>Status</u>	<u>Allowances</u>	<u>Addl Percent</u>	<u>Addl Amount</u>
Single	0			MN	Y	Single	0		

Gross to Net Information							
	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	2,623.20	1,744.15	2,001.54	2,001.54	436.39	924.26	1,262.55
YTD	40,513.15	30,917.87	35,144.47	35,144.47	8,218.41	10,239.25	22,055.49

Earnings (* = Taxable Business Expenses / Relocation; # = Non-Paid)							
Rates of pay are established pursuant to statute, collective bargaining agreement, or compensation plan							
Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount	YTD Amount	
Vacation Leave			80.00	32.790000	2,623.20	6,007.76	
Adj Family Med Leave Balance#					0.00	31,094.40	
Adj Paid Parental Leave Bal#					0.00	7,677.60	
Achievement Award					0.00	1,000.00	
Fam Med Lve Holiday					0.00	262.32	
Fam Med Lve No Pay#					0.00	9,469.04	
Fam Med Lve Sick					0.00	2,047.36	
Fam Med Paid Parental Leave					0.00	3,902.80	
Holiday Pay					0.00	1,023.68	
Meals NO Lodging - Instate*					0.00	11.00	
Meals (With Lodging)-Outstate					0.00	58.39	
Paid Parental Leave Taken					0.00	3,934.80	
Regular Pay					0.00	21,817.18	
Sick Leave					0.00	447.86	
Total:			80.00		2,623.20	40,513.15	

Taxes				
Description	Resident	Taxable Gross	Amount	YTD Amount
Fed OASDI/EE		2,001.54	124.10	2,178.96
Fed MED/EE		2,001.54	29.02	509.59
Fed Withholding		1,744.15	189.64	3,819.12
MN Withholding	Y	1,744.15	93.63	1,710.74
Total:			436.39	8,218.41

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits (* = Taxable)		
Description	Amount	YTD Amt	Description	Amount	YTD Amt	Description	Amount	YTD Amt
Medical Insurance	119.51	1,912.16	Employee Additional Life	0.46	7.36	Fed OASDI/ER	124.10	2,178.96
Dental Insurance	26.70	427.20	Long Term Disability	6.75	108.00	Fed Med/ER	29.02	509.59
MSRS - Deferred Compensation	100.00	1,600.00	Short Term Disability	17.00	272.00	Medical Insurance	910.79	14,572.64
Medical/Dental Expense Account	58.59	508.59	Minn Assn Prof Employees	21.00	315.00	Dental Insurance	33.57	537.12
Dependent Care Expense Account	390.63	2,265.61	Medical/Dental Expense Account	0.00	281.25	Administrative Fee	4.92	78.72
MSRS Gnr'l Employee Rtmnt Plan	157.39	2,426.60				Basic Life	5.30	84.80
Hlth Care Svng Plan - EE	26.23	396.73				Medical/Dental Expense Account	3.30	33.00
						Dependent Care Expense Account	3.30	33.00
						MSRS Gnr'l Employee Rtmnt Plan	163.95	2,527.74
						MSRS - Deferred Compensation	0.00	200.00
Total:	879.05	9,538.89	Total:	45.21	983.61	Total:	1,278.25	20,755.57

Net Pay Distribution				
Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	296076301	1,262.55
Total:				1,262.55

Agency Contact Information					
Agency	Address Line 1	Address Line 2	City	State	Postal Code
Lottery	2645 Long Lake Road		Roseville	MN	55113-2433
Telephone:	651/635-8273	Ext:			

Department G033500	Pay Period End Date 08/18/2020	Document Page 3 of 5	Paycheck Issue Date 08/28/2020
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Federal W4 Information				State W4 Information					
<u>Status</u>	<u>Allowances</u>	<u>Addl Percent</u>	<u>Addl Amount</u>	<u>State</u>	<u>Resident</u>	<u>Status</u>	<u>Allowances</u>	<u>Addl Percent</u>	<u>Addl Amount</u>
Single	0			MN	Y	Single	0		

Gross to Net Information							
	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	2,623.20	2,193.37	2,450.76	2,450.76	600.12	475.04	1,548.04
YTD	37,889.95	29,173.72	33,142.93	33,142.93	7,782.02	9,314.99	20,792.94

Earnings (* = Taxable Business Expenses / Relocation; # = Non-Paid)						
Rates of pay are established pursuant to statute, collective bargaining agreement, or compensation plan						
Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount	YTD Amount
Paid Parental Leave Taken			8.00	32.790000	262.32	3,934.80
Vacation Leave			72.00	32.790000	2,360.88	3,384.56
Adj Family Med Leave Balance#					0.00	31,094.40
Adj Paid Parental Leave Bal#					0.00	7,677.60
Achievement Award					0.00	1,000.00
Fam Med Lve Holiday					0.00	262.32
Fam Med Lve No Pay#					0.00	9,469.04
Fam Med Lve Sick					0.00	2,047.36
Fam Med Paid Parental Leave					0.00	3,902.80
Holiday Pay					0.00	1,023.68
Meals NO Lodging - Instate*					0.00	11.00
Meals (With Lodging)-Outstate					0.00	58.39
Regular Pay					0.00	21,817.18
Sick Leave					0.00	447.86
Total:			80.00		2,623.20	37,889.95

Taxes				
Description	Resident	Taxable Gross	Amount	YTD Amount
Fed OASDI/EE		2,450.76	151.95	2,054.86
Fed MED/EE		2,450.76	35.53	480.57
Fed Withholding		2,193.37	288.46	3,629.48
MN Withholding	Y	2,193.37	124.18	1,617.11
Total:			600.12	7,782.02

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits (* = Taxable)		
Description	Amount	YTD Amt	Description	Amount	YTD Amt	Description	Amount	YTD Amt
Medical Insurance	119.51	1,792.65	Employee Additional Life	0.46	6.90	Fed OASDI/ER	151.95	2,054.86
Dental Insurance	26.70	400.50	Long Term Disability	6.75	101.25	Fed Med/ER	35.53	480.57
MSRS - Deferred Compensation	100.00	1,500.00	Short Term Disability	17.00	255.00	Medical Insurance	910.79	13,661.85
MSRS Gnr'l Employee Rtmnt Plan	157.39	2,269.21	Minn Assn Prof Employees Medical/Dental Expense Account	21.00	294.00	Administrative Fee	4.92	73.80
Hlth Care Svng Plan - EE	26.23	370.50		0.00	281.25	Basic Life	5.30	79.50
Medical/Dental Expense Account	0.00	450.00				MSRS Gnr'l Employee Rtmnt Plan	163.95	2,363.79
Dependent Care Expense Account	0.00	1,874.98				Medical/Dental Expense Account	0.00	29.70
						Dependent Care Expense Account	0.00	29.70
						MSRS - Deferred Compensation	0.00	200.00
Total:	429.83	8,657.84	Total:	45.21	938.40	Total:	1,306.01	19,477.32

Net Pay Distribution				
Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	091000019	1,548.04
Total:				1,548.04

Agency Contact Information					
Agency	Address Line 1	Address Line 2	City	State	Postal Code
Lottery	2645 Long Lake Road		Roseville	MN	55113-2433
Telephone:	651/635-8273	Ext:			

Department G033500	Pay Period End Date 08/04/2020	Document Page 4 of 5	Paycheck Issue Date 08/14/2020
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Federal W4 Information				State W4 Information					
<u>Status</u>	<u>Allowances</u>	<u>Addl Percent</u>	<u>Addl Amount</u>	<u>State</u>	<u>Resident</u>	<u>Status</u>	<u>Allowances</u>	<u>Addl Percent</u>	<u>Addl Amount</u>
Single	0			MN	Y	Single	0		

Gross to Net Information							
	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	2,623.20	2,193.37	2,450.76	2,450.76	600.12	475.04	1,548.04
YTD	35,266.75	26,980.35	30,692.17	30,692.17	7,181.90	8,839.95	19,244.90

Earnings (* = Taxable Business Expenses / Relocation; # = Non-Paid)							
Rates of pay are established pursuant to statute, collective bargaining agreement, or compensation plan							
Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount	YTD Amount	
Paid Parental Leave Taken			80.00	32.790000	2,623.20	3,672.48	
Adj Family Med Leave Balance#					0.00	31,094.40	
Adj Paid Parental Leave Bal#					0.00	7,677.60	
Achievement Award					0.00	1,000.00	
Fam Med Lve Holiday					0.00	262.32	
Fam Med Lve No Pay#					0.00	9,469.04	
Fam Med Lve Sick					0.00	2,047.36	
Fam Med Paid Parental Leave					0.00	3,902.80	
Holiday Pay					0.00	1,023.68	
Meals NO Lodging - Instate*					0.00	11.00	
Meals (With Lodging)-Outstate					0.00	58.39	
Regular Pay					0.00	21,817.18	
Sick Leave					0.00	447.86	
Vacation Leave					0.00	1,023.68	
Total:			80.00		2,623.20	35,266.75	

Taxes				
Description	Resident	Taxable Gross	Amount	YTD Amount
Fed OASDI/EE		2,450.76	151.94	1,902.91
Fed MED/EE		2,450.76	35.54	445.04
Fed Withholding		2,193.37	288.46	3,341.02
MN Withholding	Y	2,193.37	124.18	1,492.93
Total:			600.12	7,181.90

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits (* = Taxable)		
Description	Amount	YTD Amt	Description	Amount	YTD Amt	Description	Amount	YTD Amt
Medical Insurance	119.51	1,673.14	Employee Additional Life	0.46	6.44	Fed OASDI/ER	151.94	1,902.91
Dental Insurance	26.70	373.80	Long Term Disability	6.75	94.50	Fed Med/ER	35.54	445.04
MSRS - Deferred Compensation	100.00	1,400.00	Short Term Disability	17.00	238.00	Medical Insurance	910.79	12,751.06
MSRS Gnr'l Employee Rmt Plan	157.39	2,111.82	Minn Assn Prof Employees	21.00	273.00	Dental Insurance	33.57	469.98
Hlth Care Svng Plan - EE	26.23	344.27				Administrative Fee	4.92	68.88
Medical/Dental Expense Account	0.00	450.00				Basic Life	5.30	74.20
Dependent Care Expense Account	0.00	1,874.98				MSRS Gnr'l Employee Rmt Plan	163.95	2,199.84
						Medical/Dental Expense Account	0.00	29.70
						Dependent Care Expense Account	0.00	29.70
						MSRS - Deferred Compensation	0.00	200.00
Total:	429.83	8,228.01	Total:	45.21	611.94	Total:	1,306.01	18,171.31

Net Pay Distribution				
Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	091000019	1,548.04
Total:				1,548.04

Agency Contact Information					
Agency	Address Line 1	Address Line 2	City	State	Postal Code
Lottery	2645 Long Lake Road		Roseville	MN	55113-2433
Telephone:	651/635-8273	Ext:			

Department G033500	Pay Period (End Date) 07/21/2020	Page 5 of 5	Paycheck Issue Date 07/31/2020
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Federal W4 Information				State W4 Information					
<u>Status</u>	<u>Allowances</u>	<u>Addl Percent</u>	<u>Addl Amount</u>	<u>State</u>	<u>Resident</u>	<u>Status</u>	<u>Allowances</u>	<u>Addl Percent</u>	<u>Addl Amount</u>
Single	0			MN	Y	Single	0		

Gross to Net Information							
	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	2,623.20	2,047.16	2,404.55	2,404.55	554.48	645.46	1,423.26
YTD	32,643.55	24,786.98	28,241.41	28,241.41	6,581.78	8,364.91	17,696.86

Earnings (* = Taxable Business Expenses / Relocation; # = Non-Paid)						
Rates of pay are established pursuant to statute, collective bargaining agreement, or compensation plan						
Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount	YTD Amount
Adj Family Med Leave Balance#	06/24/2020	07/07/2020	480.00	32.790000	15,739.20	31,094.40
Fam Med Paid Parental Leave			48.00	32.790000	1,573.92	3,902.80
Paid Parental Leave Taken			32.00	32.790000	1,049.28	1,049.28
Adj Paid Parental Leave Bal#	06/24/2020	07/07/2020			0.00	7,677.60
Achievement Award					0.00	1,000.00
Fam Med Lve Holiday	06/24/2020	07/07/2020			0.00	262.32
Fam Med Lve No Pay#					0.00	9,469.04
Fam Med Lve Sick					0.00	2,047.36
Holiday Pay					0.00	1,023.68
Meals NO Lodging - Instate*					0.00	11.00
Meals (With Lodging)-Outstate					0.00	58.39
Regular Pay					0.00	21,817.18
Sick Leave					0.00	447.86
Vacation Leave					0.00	1,023.68
Total:			560.00		2,623.20	32,643.55

Taxes				
Description	Resident	Taxable Gross	Amount	YTD Amount
Fed OASDI/EE		2,404.55	149.08	1,750.97
Fed MED/EE		2,404.55	34.87	409.50
Fed Withholding		2,047.16	256.30	3,052.56
MN Withholding	Y	2,047.16	114.23	1,368.75
Total:			554.48	6,581.78

Before-Tax Deductions			After-Tax Deductions			Employer Paid Benefits (* = Taxable)		
Description	Amount	YTD Amt	Description	Amount	YTD Amt	Description	Amount	YTD Amt
Medical Insurance	239.02	1,553.63	Employee Additional Life	0.92	5.98	Fed OASDI/ER	149.08	1,750.97
Dental Insurance	53.40	347.10	Long Term Disability	13.50	87.75	Fed Med/ER	34.87	409.50
MSRS - Deferred Compensation	100.00	1,300.00	Short Term Disability	34.00	221.00	Medical Insurance	1,821.58	11,840.27
MSRS Gnr'l Employee Rmt Plan	157.39	1,954.43	Minn Assn Prof Employees	21.00	252.00	Dental Insurance	67.14	436.41
Hlth Care Svng Plan - EE	26.23	318.04				Administrative Fee	9.84	63.96
Medical/Dental Expense Account	0.00	450.00				Basic Life	10.60	68.90
Dependent Care Expense Account	0.00	1,874.98				MSRS - Deferred Compensation	100.00	200.00
						MSRS Gnr'l Employee Rmt Plan	163.95	2,035.89
						Medical/Dental Expense Account	0.00	29.70
						Dependent Care Expense Account	0.00	29.70
Total:	576.04	7,798.18	Total:	69.42	566.73	Total:	2,357.06	16,865.30

Net Pay Distribution				
Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	091000019	1,423.26
Total:				1,423.26

Agency Contact Information					
Agency	Address Line 1	Address Line 2	City	State	Postal Code
Lottery	2645 Long Lake Road		Roseville	MN	55113-2433
Telephone:	651/635-8273	Ext:			